

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90063 005 \*\*\*163.75

**DOCUMENT # L05000019724**

1. Entity Name  
**ROSEWINDS FLIGHT SERVICES, LLC**



Principal Place of Business  
**267 ROSEHILL DRIVE NORTH  
TALLAHASSEE, FL 32312**

Mailing Address  
**267 ROSEHILL DRIVE NORTH  
TALLAHASSEE, FL 32312**

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2391119**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE STE. 1500  
ORLANDO, FL 32803  
Kirk J. Mauro  
267 Rosehill Drive North  
Tallahassee, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Kirk J. Mauro**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/8/08**  
DATE

**FILE NOW!!! FEE IS \$138.75 + 25.00 = \$163.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MAURO, KIRK J  
267 ROSEHILL DRIVE NORTH  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MAURO, DIANE L  
267 ROSEHILL DRIVE NORTH  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X Kirk J. Mauro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/8/08**  
Date

**668-2163**  
Daytime Phone #